

YOGIC VARMA TECHNIQUES: ENHANCING BEHAVIOURAL CONTROL AND REDUCING PHYSIOLOGICAL VARIABLES IN SPECIAL HOME STUDENTS (JUVENILE OFFENDERS)

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Abstract

Background: Yogic varma Techniques (Human vital point manipulation procedures) have been shown to be effective in lowering symptoms of physiological variables. In recent studies, varma points have also been demonstrated to improve cognitive-behavioral performance and control. yogic varma points' effects Stimulation in Special Home Juvenile Offenders was undertaken, and we hypothesized that varma points could have a favorable impact in a setting where physiological functioning is frequently used to manage and regulate impulsive behaviors.

Method: In a study focusing on Important physiological parameters like systolic and diastolic blood pressure and body mass index (BMI) have been researched in studies of individuals, 30 male Special Home Juvenile Offenders aged 13-18 were randomly selected. These participants were divided into two groups, each comprising 15 members. The experimental group (Group I) engaged in a 12-week training program involving Yogic Varma practice, specifically targeting Varma points. Conversely, the control group (Group II) did not undergo any specific practice. The training sessions occurred three days a week, lasting an hour each morning over the 12-week period.

Results: Participants in the Varma Techniques reported higher levels of self-perceived positive affect than the control group. Furthermore, based on individual tests, they revealed Regulate and control systolic and diastolic blood pressure, as well as a lower body mass index (BMI).

Conclusions: Varma point manipulation has been shown to improve subjective well-being, mental health, and Physiological variables for Special Home Juvenile Offenders. In this group and the need for efficient and cost-effective therapeutic program.

Keywords: Yogic Varma Points manipulation, Physiological variable, Special Home, Juvenile Offenders.

1.INTRODUCTION

1.1 VARMAM FUNDAMENTAL CHARACTERISTICS

Varman represents an ancient science deeply rooted in the physical embodiment of life within humans. Serving as a martial and healing art, it embraces various dimensions of well-being. This holistic discipline constitutes a healing science dedicated to fostering a healthy life. With its origins tracing back to ancient times, Varman stands as one of the oldest reservoirs of diagnostic and therapeutic wisdom^[1-3]. The essence of Varman underscores the significance of maintaining a clean body, emphasizing the importance of physical purity and hygiene in its practice. Varma offers numerous benefits, including the ability to balance hormone secretion through its impact on specific points in the body. It serves as a highly effective tool for alleviating stress, promoting mental calmness, and facilitating complete physical and mental relaxation. Increasingly acknowledged for its therapeutic value, Varma is gaining recognition in preventing and relieving various physical ailments. It has shown efficacy in addressing conditions like stress, anxiety, depression, and hypertension, showcasing its potential as a holistic approach to wellness and health management. The primary reason behind this lies in the effect of yoga asanas on the hormonal and

ISSN:1539-1590 | E-ISSN:2573-7104 Vol. 05 No. 2 (2023) nervous systems, alongside the presence of Varma points within these nerve networks. Through proper practice, yoga postures effectively fine-tune these systems, resulting in a regulated blood flow across the body. Each yoga asana specifically influences certain groups of Varma points, contributing to overall health, flexibility, mobility, and physique. Take, for instance, the padmasana posture, which applies mild pressure on key Varma points like viruthivarmam, kanpugaichalvarmam, ullthodaivarmam, and mulaatharavarmam. This action tunes the Iddakala (Left) and Pingala (Right) nerves, thereby strengthening the vertebral column. Furthermore, these practices enhance concentration, memory, and foster a serene countenance, among other beneficial effects. The deliberate influence of yoga asanas on Varma points and the associated nerves yields multifaceted advantages for both physical and mental well-being^[4-6].

1.2 TEXT OF VARMAM SASTRA

The Varma Sastra texts, traditionally inscribed on palm leaves, have unfortunately seen many of their vital manuscripts lost over time. Presently, however, more than 100 texts have been traced, each comprising anywhere between 100 to 1000 verses. These ancient Sastras were not readily accessible to the common populace until relatively recently. Fig. 1 shows that palm



Figure 1. A Simplified view of Palm leaves Manuscript for varmam

leaves manuscript Several of these texts have emerged and are available for study. Some of the notable Varma Sastra texts include: 1.Brahma Nila Sutram2. Vahada Nidanam3. 'Marma Nidanam4. Kadikaram' (Kannadi)5. Marma Sutram6. Marma Sutra Thiravukol7. Agastiya Thiravukol8. Marma Thiravukol9. Marma Aani Thiravukol10. Marma Kandi11. Marma Bheerangi12. Marma Bheerangi Thiravukol13. Marma Narambarai14. Ulpathi Narambarai15. Odi Muri Chari16. Kettu Mura Chari17. OdivuMurivuKettu Suttiram18. MurivuKettu Thiravukol19. Narambarai Suttiram20. Kaivallyam21. Marma Alavu Nool22. Naalu Mani Mathirai23. Marma Kuru Naadi Sasthram24. Kuru NaadiSasthram^[7-11].

1.3 SPECIAL HOME JUVENILE OFFENDERS

The Juvenile Justice (Care and Protection of Children) Act, 2015, and its later changes govern the legal framework for Special Home Juvenile Offenders in India. This statute focuses on the care, protection, treatment, and rehabilitation of children whom violated the law, especially those under the age of 18. To deal with cases involving juvenile offenders, Juvenile Justice Boards (JJBs) are constituted at the district level. The JJB decides the necessary measures for juvenile offenders' rehabilitation, treatment, and reintegration. Child Welfare Committees (CWCs) are in charge of providing care, protection, and rehabilitation to children who need it, including juvenile offenders. Special Homes are residential facilities where young offenders are temporarily housed while their cases are investigated or tried. Care, protection, education, vocational training, and other required interventions are provided by these facilities. The purpose of these rules is to guarantee that juvenile offenders receive proper care, protection, and opportunities for reformation rather than being subjected to severe disciplinary measures similar to those used against adult offenders. Their rehabilitation and successful reintegration into society are the primary goals. The research studies beneficial of deliberate of Varma points techniques help to juvenile offenders^[12-17].

2.MATERIALS AND METHODS:

The data from the study sample was analyzed for Physiological in relation to pre and post-tests among experimental group and control group. Thirty men with Special Home Juvenile Offenders from India, were chosen as study participants. The participants were split into two groups of fifteen people each. The experimental group I received Varma Points Techniques and the control group II received no practice.

2.1 FLOW CHART FOR EVALUATION OF SPECIAL HOME JUVENILE OFFENDERS

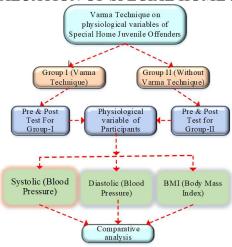


Figure 2. Flow Chart for Evaluation of Special Home Students

Figure 2 shows flow chart of evaluation of Special Home Students. As mentioned above, two groups are used for the impact analysis of Varma practiced to Special Home Studentsin relation to health Physiological variables such as systolic, diastolic Blood Pressure, and BMI obtained before and after the test. Varma helps to tune the nervous system, resulting in more controlled blood flow throughout the body. Every manipulation of movement affects a different set of Varma points, allowing for better health, better relaxation and overall body awareness. Finally, the participants data are compared and analyzed for the improvement of research.

2.2 TREATMENT PROTOCOL MANAGEMENT

The Special Home Students was examined three times a week at Varmam practice for 12 weeks, and the first experimental group received varmam. In Special Home Students, Normal diet was also continued. The student's range of motion, strength, and discomfort all improved dramatically after varmam treatment. The table below gives brief descriptions and locations of the various varmam points.

Table	1Treatment	Protocol	Management
. •			

Treatment protoco Varmam Points	ol Location	Image
Kodaikolli(Uchi) varmam	Top point of the skull.When addressing physiological and psychological difficulties, it represents one of the most effective techniques to calm and relax individuals.	உச்சிவரயம்

Thilarthavarmam	Situated one grain size below the midpoint of both the eyebrows. When engaged, the varmam can assist clear cognitive congestion and enhance mental concentration and focus.	கிலர்க்கவாயய
Kaakkattai	Midway between the neck and head of arms, four fingers above from midline of the clavicle. This might be caused by stress, poor posture, or other factors. The Varma point is also known to requlate the nervous system.	தாலர் தத் வேர் யய வாகைட் சுப் பட சப் பு
NherVarmam	Varmam is located in the middle of the thorax. decreases anxiety, and improves chest tightness and other respiratory issues.	நேரவரமம
Urumi Kaalam	Situated at the end of the Sternum bone point in between the rib cage. To aid in the regulation of digestive function and the reduction of bloating, nausea, and indigestion symptoms	உருமிகாலம்
ManibandhaVarmam	-Middle of the wrist joint (ventral aspect). It has been established that engaging in this vital field relieves stress and anxiety, which benefits a variety of psychiatric issues.	மணிபந்தவர்மம்
kuthikalvarmam	Sevenfingerbreadthsabovetheheel(posterioraspect) Vital points have been shown to improve blood flow and muscle strength in the legs.	(5) BETTE.
KanpugaichalVarmam	One finger breadth below the lateral malleolus. It has been demonstrated that Vital points enhance muscle strain. Improve eye vision	moins produce coloud. Kenyagokal Farman あの可以ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、 ののでは、

Ullankalvellaivarmam

At the junction of big and second toe in plantar region.

When pressure is given to this location, the body may release tension and produce relaxation.



உள்ளங்கால்வெள்ளைவர்மம்

3. RESULT:

3.1 Calculations in statistics

The study's data underwent analysis using the Statistical Package for the Social Sciences (SPSS) 19.0. The findings were articulated through descriptions employing frequencies, percentages, averages, and standard deviations. SPSS has evolved significantly from its origins as a statistical analysis tool, becoming a favored choice for academics across various industries. Understanding the nuances of SPSS is crucial for researchers to comprehend why it stands as a preferred tool, particularly for researchers. grasping its evolution and features helps researchers recognize the reasons to opt for SPSS in their analytical endeavors^[18-22].

3.2 Interpretation of Result

The interpretation of the results hinges on the comparison between the calculated t-value (t cal) and the critical t-value (t tab Value). If the calculated t-value (t cal) is less than the tabulated t-value (t tab Value), the null hypothesis (Ho) is accepted, suggesting no relationship between Varma practice (Experimental Group) and the three variables under consideration. Conversely, if the calculated tvalue (t cal) exceeds the tabulated t-value (t tab Value), the null hypothesis (Ho) is rejected. This rejection indicates a relationship between Varma practice (Experimental Group) and the three variables. Similarly, in the control group without Varma practice, if the calculated t-value (t cal) is less than the tabulated t-value (t tab Value), the null hypothesis (Ho) is accepted, signifying no relationship between the control group without Varma practice and the three variables. On the other hand, if the calculated t-value (t cal) surpasses the tabulated t-value (t tab Value), the null hypothesis (Ho) is rejected for the control group without Varma practice. This rejection implies a relationship between this control group and the three variables. Given a degree of freedom (df) of 14, the corresponding t-table value at 14 df is 2.14, providing the benchmark for comparison in determining the significance of the relationships observed in the study.

3.3 Paired Samples T Test For Pre-test and Post-test for Group I

Table 2Paired Samples T Test For Pre-test and Post-test for Group I (experimental Group-I)

Paired Samples T Test									
Paired Samples	Paired Differences					t	df	Sig. (2-tailed)	
Variables	Test	Mean	Std.Dev.	Std.Error Mean	Lower	Upper			
Systolic Pressure	Pre-test Post-test	31.24	24.36	7.773	18.16	42.92	6.94	14	.000
Diastolic pressure	Pre-test Post-test	16.54	12.26	4.624	10.24	22.18	7.63	14	.000
Body Mass Index	Pre-test Post-test	2.54	1.642	.564	1.67	1.3087	3.25	14	.000

The analysis tool was used to examine the experimental Group-I and Group-2. Table-2 Systolic blood Pressure presents the pre-test and post-test in Varma techniques as Mean Value 31.24, Std.Deviation 24.36, Std.Error Mean 7.773, lower value 18.16 upper value 42.92, t value 6.94, df 14 ISSN:1539-1590 | E-ISSN:2573-7104

respectively, resulted in Sig. (2-tailed) of .000, the t calculation value of 6.94 greater than the table value of 2.14 so it's considered statistically significant difference between the pre & post-test means at 0.05 level of confidence for the both test of Systolic blood pressure in Varma Therapy. Diastolic Pressure presents the pre-test and post-test in Varma techniques as Mean Value 16.54, Std. Deviation 12.162, Std.Error Mean 4.624, lower value 10.24 upper value 22.18, t value 7.63, df 14 and resulted in Sig. (2-tailed) of .000, the t calculation value of 7.63 greater than the table value of 2.14 so it's consideredstatistically significant difference between the pre & post-test means at 0.05 level of confidence for the both test of Diastolic blood pressure in Varma Therapy.BMI presents the pre-test and post-test in Varma Therapy as Mean Value 2.54, Std.Deviation1.642, Std.Error Mean .564, lower value 1.67 upper value 3.25, t value 3.25, df 14 and resulted in Sig. (2-tailed) of 0.033, the t calculation value of 3.25 greater than the table value of 2.14 so it's consideredstatistically significant difference between the pre & post-test means at 0.05 level of confidence for the both test of BMI in Varma Therapy.Table 2 reveals that the Systolic, Diastolic and BMI pre- and post-tests in Varma Techniques had a significant value.

3.4 Paired Samples T Test for Pre-test and Post-test for Group-II

Table-3: Paired Samples T Test for Pre-test and Post-test Group-II (Control Group)

Paired Samples T Test									
Paired Samples	Paired Differences					t	df	Sig. (2-tailed)	
Variables	Test	Mean	Std.Dev.	Std.Error Mean	Lower	Upper			tuneuj
Systolic Pressure	Pre-test Post-test	843	8.54	4.437	-1.616	5.549	152	14	.916
Diastolic pressure	Pre-test Post-test	900	4.502	2.384	-1.132	3.232	-2.547	14	.454
Body Mass Index	Pre-test Post-test	644	.943	.491	955	.767	-4.792	14	.395

Table 3 shows the SPSS analysis of Systolic pressure presents the pre-test and post-test in Control Group-II without Varma techniques as Mean Value -.843, Std.Deviation 8.54, Std.Error 4.437, Mean lower value --1.616 upper value 5.549, t value -.152, df 14 and respectively, resulted in Sig. (2-tailed) of .916 the t calculation value of -.152 Less than the table value of 2.14 so it's considered statistically no significant difference between the pre & post-test means at 0.05 level of confidence for the both test of Systolic blood pressure in Without Varma Therapy. Diastolic Pressure presents the pre-test and post-test in without Varma Therapy as Mean Value -.900, Std.Deviation 4.502, Std.Error Mean 2.384, lower value --1.132 upper value . 3.232, t value -2.547, df 14 and respectively, resulted in Sig. (2-tailed) of .454. the t calculation value of -2.547 Less than the table value of 2.14 so it's considered statistically no significant difference between the pre & post-test means at 0.05 level of confidence for the both test of Diastolic blood pressure in Without Varma Therapy.BMI presents the pre-test and post-test in without Varma Therapy as Mean Value -.644, Std.Deviation .943, Std.Error .491, Mean lower value --.955 upper value .767, t value -4.792, df 14 and respectively, resulted in Sig. (2-tailed) of .395. the t calculation value of -4.792 Less than the table value of 2.14 so it's considered statistically no significant difference between the pre & post-test means at 0.05 level of confidence for the both test of BMI in without Varma Therapy. Table 3 reveals that the Systolic, Diastolic and BMI pre- and post-tests in without Varma techniques had a no Significant value.

4. DISCUSSION

The discussion from this study underscores the potential of Varma point manipulation as a beneficial intervention for Special Home Juvenile Offenders. The results revealed significant improvements in various facets among participants engaged in Yogic Varma practice compared to the control group.

4.1 Graph I and II Pre-test and Post-test for Group-I

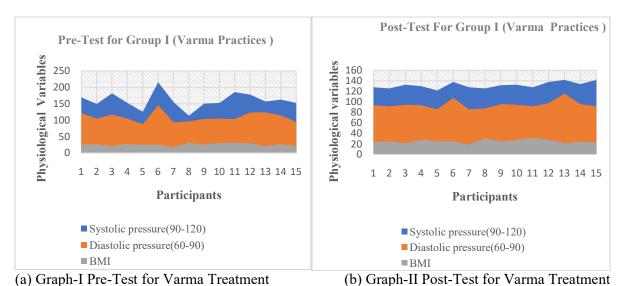
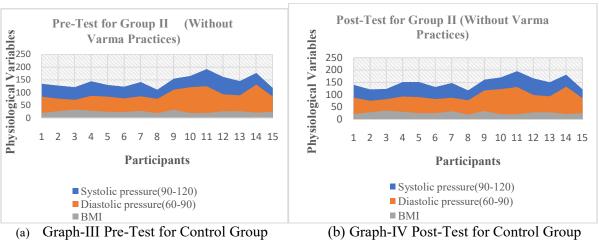


Fig. 3: Pre and Post Test data of Experimental Group I (With Varma Practice)

Varma Techniques was given to fifteen patients in an experimental group-1. In graphs 1 and II, the x axis represented the number of participants, while the y axis represented physiological data including Systolic and Diastolic pressure, and BMI. Following the pre-test, the participants were given Varma point stimulation treatment protocol as mentioned in Table 2. The post-test diagnosis reveals the benefits of varmaTechniques in experimental group-1.

4.2 Graph III and IV Pre-test and Post-test for GroupII

Participants in Group -2 control group did not benefit significantly, as seen in graph III and IV as shown in Figure 4. The participants were not provided any practice after the pre-test. Comparing the results of pre- and post-tests, there was no significant difference in systolic, diastolic, or BMI. The graph shows that there are no positive outcomes.



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Fig. 4: Pre and Post Test data of Control Group II (Without Varma Practice)

5. CONCLUSION

Varma Techniques was significantly more effective in Experimental Group I than the Control Group II. After 12 weeks of varma practice significantly normalizing the physiological variables such as Systolic Blood pressure, Diastolic Blood pressure and reducing the Body Mass Index in the experimental group.

6. RECOMMENDATION

Varma point stimulation is widely utilized in cure practice in india to treat juvenile offenders. According to the study's findings, performing Varma Vital point manipulation techniques on a regular basis can decrease Physiological levels as well Behavioral control. It is determined that special home students' Physiological levels are positively impacted by Varma practice, since it's recommended that the Varma vital points will utilize for the human fraternity.

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